



City
of
Milwaukee

Employment Application for Medical Assistance Outreach Coordinator

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554
414-286-3751
TDD 414-286-2960

INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in **BLACK** ink.
2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
3. Date and sign on page 2.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

Last Name _____ First _____ Middle Initial _____			Do you currently live in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you become a resident? (month/year) _____ NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months. List any other names by which you have been known on official records: _____
Address _____ Apt. # _____			
City _____	State _____	Zip Code _____	
Day phone: () - _____			
Evening phone: () - _____			
Email Address: _____			
Social Security Number _____ - _____ - _____			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, how old are you? _____ years _____ months			
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees: _____			
List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for: _____			
TYPE _____ NUMBER (if any) _____		TYPE _____ NUMBER (if any) _____	
MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points. * Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.			
Military Status <input type="checkbox"/> Enlisted, drafted or commissioned--active duty <input type="checkbox"/> Enlisted or commissioned reserve or National Guard service --active duty for training only Date Entered Active Duty: _____ Date Terminated Active Duty: _____		Period of Service <input type="checkbox"/> August 27, 1940-July 25, 1947 <input type="checkbox"/> June 27, 1950-January 31, 1955 <input type="checkbox"/> August 5, 1964-January 1, 1977 <input type="checkbox"/> Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) <input type="checkbox"/> Afghanistan War (September 11, 2001 to date to be determined) <input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957 <input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal Date: _____ Location: _____	
If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.			

LAST NAME

EXAM# 06-091

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

EMPLOYMENT INFORMATION

Are you legally authorized to work permanently for <i>any</i> employer within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
There may be a possibility of employment with other organizations. If so, may we refer your name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):				
If you are <input type="checkbox"/> PRESENTLY or were <input type="checkbox"/> PREVIOUSLY employed by the City of Milwaukee, list the following:				
POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)	
If you have ever been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 12. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.				

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

I understand that the information I provide in this document may be used to evaluate me for this position.

SIGNATURE: _____ **DATE:** _____

I. EDUCATION AND TRAINING

A. Bachelor's Degree: Yes _____ No _____ Month/Year Earned: _____

Major: _____ Minor _____

If no degree, # of credits earned _____

College or University: _____

Location: _____

B. Master's Degree: Yes _____ No _____ Month/Year Earned: _____

Major: _____ Minor _____

If no degree, # of credits earned _____

College or University: _____

Location: _____

C. List any other education, training programs, workshops or professional seminars you have successfully completed which may relate to this position. Include name of institution/school and dates. (Attach additional pages, if necessary)

II. PROFESSIONAL ACTIVITIES

A. Are you now or have you been a member of any professional organizations relating to this position? If yes, indicate:

Name of Organization	Dates of Membership	Offices Held

B. Describe any other special involvement in professional/academic activities, if applicable:

III. EXPERIENCE**A. Current/Most recent Employer:**

Title _____ Reason for leaving _____

From _____ To _____ Hours/week _____

Employer: _____ Salary _____

Employer's Major Activity _____

Note: May we contact this employer? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____

Supervisor's Title _____

Describe your experience for this position in terms of your duties and specific responsibilities.
Indicate the percentage of time spent in each area.

_____% _____

_____% _____

_____% _____

_____% _____

B. Previous Employer:

Title _____ Reason for leaving _____

From _____ To _____ Hours/week _____

Employer: _____ Salary _____

Employer's Major Activity _____

Note: May we contact this employer? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____

Supervisor's Title _____

Describe your experience for this position in terms of your duties and specific responsibilities.
Indicate the percentage of time spent in each area.

_____% _____

_____% _____

_____% _____

_____% _____

C. Previous Employer:

Title _____ Reason for leaving _____

From _____ To _____ Hours/week _____

Employer: _____ Salary _____

Employer's Major Activity _____

Note: May we contact this employer? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____

Supervisor's Title _____

Describe your experience for this position in terms of your duties and specific responsibilities.
Indicate the percentage of time spent in each area.

_____% _____

_____% _____

_____% _____

_____% _____

TO LIST OTHER EMPLOYERS, ADD ADDITIONAL PAGES.

IV. PROFESSIONAL EXPERIENCE

Describe your specific experiences in each of the following areas. For each experience described, please include the employer where this experience was gained and the total years of the experience.

A. Please describe your experience developing, managing and monitoring public health/community programs or large scale community health events, serving low income families in need of health care access:

B. Please describe your experience in Medical Assistance, State and local health care programs, including regulatory guidelines:

C. Please describe your experience working with multi-cultural groups or communities, in the development and implementation of health delivery systems:

D. Please describe your experience with data collection, reporting and statistical analysis:

E. Please describe your experience creating and monitoring budgets, contracts and grants, including identifying, procuring and securing funding sources for programs:

F. Please describe your experience directing and leading diverse and multidisciplinary work teams, which may include employees of the organization and community partners:

G. Please describe your supervisory and management experience, including the number and type of employees you have directly managed and any team building background:

H. Please describe any experience or training that you have had directly related to researched and evidenced-based outreach programs, that you feel qualifies you for this position:

I. Please describe your experience related to performance standards, quality assurance measures and outcomes:

[illegible]

V. Briefly describe anything else about yourself or your background which would help qualify you for this position—if you have not provided the information elsewhere on this form.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

A signer

A reader

Extra time

Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO**Spouse's Period of Service**

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

City of Milwaukee Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____

LAST
FIRST
MIDDLE
2. Position Applied for: **Medical Assistance Outreach Coordinator**
3. Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)
 - A. ☐ Milwaukee Journal Sentinel
 - B. ☐ Other Newspaper (please specify) _____
 - C. ☐ City Hall Posting
 - D. ☐ Library Posting
 - E. ☐ Community Agency Posting (please specify) _____
 - F. ☐ College or University Posting (please specify) _____
 - G. ☐ From a City Employee
 - H. ☐ From Someone who is NOT a City Employee
 - I. ☐ Job Hotline Number (414-286-5555)
 - J. ☐ Received Job Interest Postcard in mail
 - K. ☐ Job Fair/Career Talk (please specify) _____
 - L. ☐ TV (please specify station) _____
 - M. ☐ Radio (please specify station) _____
 - N. ☐ **www.milwaukee.gov/der**
 - O. ☐ Internet (please specify) _____
 - P. ☐ OTHER (please specify) _____
4. Sex (please check one): MALE _____ FEMALE _____
5. Race (please check one):
 - ☐ Black/African American (not of Hispanic origin)
 - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
 - ☐ White/Caucasian/European/North African/Middle Eastern
 - ☐ Native American Indian/Alaskan Native
 - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
6. List any languages, other than English, which you speak **FLUENTLY**: _____
7. Birthdate _____. Your birthdate will be used for conviction verification only.
8. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
 I live in the _____ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____